

REGION 7 - CRIB - EPA INSPECTION CONCLUSION DATA SHEET (ICDS) 2007 Form

Inspectors Name: David Giarratano Phone No.: 573-751-2246

1. *Compliance Activity Type: Compliance Inspection
2. *Compliance Monitoring Activity Name: (Facility Name:) Same as No. 5
3. *Compliance Monitoring Type: Circle one or more of the following choices:

Clean Air Act (Evaluation for all CAA)

CAA 112 (r)(7) Desk Audit
 CAA 112 (r)(7) Inspection (1)(2)(3) or refig))
 CAA 112 General Duty Clause inspection
 CAA CFR Section 68.220 Desk Audit
 CAA CFR Section 68.220 Site Visit
 RMP # _____

Emergency Planning and Community Right-To-Know Act

EPCAR 311/312 Inspection
 EPCRA 313 Data Quality Inspection
 EPCRA 313 Non/Late Reporter Inspection
 EPCRA 304/CERCLA 103 Inspection (Non 313 Inspection)
 TRI # _____
 EPCRA# _____
 NRC # _____
 TSCA inspection # 120414000401
07-15-T-013

TSCA

Polychlorinated Biphenyls (PCB) Inspection

4. * Region 7 ICIS/FST Number: _____
5. *Facility Name: Talbot Industries
 *Street Address: 1211 Harmony Street
 *City, State, Zip: Neosho MO 64850

6. Facility Type: Refrigeration Yes No Agriculture Yes No Program (1) (2) (3)
7. ** Date of Inspection: Begin: 12/04/2014 End: 12/04/2014 (mm/dd/yyyy)
8. *Federal Statutes: CAA EPCRA CERCLA TSCA
9. *Sections: Circle the regulatory citation(s) that apply to the inspection conducted: Same as Section 2

10. **Citations: circle all citations of 40 CFR that were inspected: 68._____, 302._____, 355._____, 370._____,
 372._____, 761._____, Other _____

11. *Programs: No entry needed. This data element is automatically populated by the ICIS data system

12. NAICS Code (5-digit): 332618 (Enter one or more) or **SIC (4-digit) _____

13. Media Monitored: (circle for TSCA only) Land (samples collected) Schools/Buildings/Soil/Equipment

14. *Compliance Monitoring Action Reason: (Circle one of the following) Spill/Accident Report
 For Cause Core Program Selected Monitoring Action Random Evaluation or Inspection

15. *Compliance Monitoring Agency Type: EPA State: MO, IA, NE, KS

16. Number of Hours spent physically conducting the activity: 1

17. Compliance Monitoring Action Outcome: Check one (if known at the time of the activity):

Administrative _____ Immediately corrected _____ Judicial _____ No violation ✓
 No compliance monitoring (access denied) _____ No compliance monitoring (facility shutdown) _____
 Not immediately corrected _____ Notice of Determination _____ Under review _____ Withdrawn _____

Att. Inmate

18. ****Did you observe deficiencies (potential violations) during the on-site inspection?** Yes No
19. ***If you observed deficiencies, did you communicate them to facility during the inspection?** Yes No

20. ****Deficiencies Observed:** (Check one or more of the following):

- ☐ Potential violation of a compliance schedule in an enforceable order
- ☐ Potential failure to maintain a record or failure to disclose a document (recordkeeping violation)
- ☐ Potential failure to maintain, inspect or repair equipment including meters, sensors, and recording equipment (storage violation)
- ☐ Potential failure to complete or submit a notification, report, certification, or manifest (manifesting/notification violation)
- ☐ Potential failure to obtain a permit, product approval, or certification
- ☐ Potential failure to follow a required sampling or monitoring procedure or laboratory procedure
- ☐ Potential failure to follow or develop a required management practice or procedure
- ☐ Potential failure to identify and manage a regulated waste or pollutant in any media (disposal/marketing violation)
- ☐ Potential failure to report regulated events such as spills, accidents, etc.
- ☐ Potential incorrect use of a material (e.g., pesticide, waste, product, etc.) or use of improper or unapproved material (use violation)
- ☐ Potential failure to follow a permit condition (s)

21. ****Did you observe or see the facility take any actions during the inspection to address the deficiencies communicated to the facility?** Yes No

If YES, check only the action(s) actually observed/seen or write in a short description of the action in the Optional section.

Action(s) taken (Check all that apply)

- ☐ Complete(d) a Notification or Report
- ☐ Correct(ed) Monitoring Deficiencies
- ☐ Correct(ed) Record Keeping Deficiencies
- ☐ Implemented New or Improved Management Practices or Procedures
- ☐ Improved Pollutant Identification (e.g., Labeling, Manifesting, Storage, etc.) - Corrected(ed) Marking Violation
- ☐ Reduced Pollution (e.g., Use Reduction, Industrial Process Change, Emissions or Discharge Change, etc.)
- ☐ Request(ed) a Permit Application or Applied for a Permit
- ☐ Verify (ied) Compliance with Previously Issued Enforcement Action - Part or All Conditions

22. **Did you provide general compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** Yes No

23. **Did you provide site-specific compliance assistance in accordance with the policy on the Role of the EPA Inspector in Providing Compliance Assistance During Inspections?** Yes No

Note: This form does not require EPA inspectors to provide compliance assistance.

Optional Information: Describe actions taken by the facility or assistance provided to the facility _____

Number of Samples _____

Medium Sampled (each sample) _____

Sample Number (each sample) _____

Lat: _____

Long: _____

How Determined: _____

For Data Entry Staff Use Only:

Date and initials of person entering data into ICIS (mm/dd/yyyy): _____